

09/214,701

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/214701</b>	FILING DATE	
CLAIMS							APPLICANT(S)		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61		
12							62		
13							63		
14							64		
15							65		
16							66		
17							67		
18							68		
19			1				69		
20				1			70		
21					1		71		
22					1		72		
23					1		73		
24					1		74		
25							75		
26					1		76		
27					1		77		
28					1		78		
29					1		79		
30			1				80		
31					1		81		
32					1		82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			2				TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS			2				TOTAL CLAIMS		

PTO-12 (12-79)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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